CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Nihoa-Asucan	Elena	K

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Police

Division, Board, Department, District, if applicable: Personnel Group

Your Position: Police Administrator

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Los Angeles
- ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, **2020,** through December 31, **2020**.

-or-

The period covered is _____/_____/_____, through December 31, **2020**.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
(Check one circle.)

○ The period covered is January 1, **2020**, through the date of leaving office.

-or-

○ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **Schedule A-1 -** *Investments* – schedule attached
- ☐ **Schedule A-2 -** *Investments* – schedule attached
- ☐ **Schedule B -** *Real Property* – schedule attached
- ☐ **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- ☐ **Schedule D -** *Income – Gifts* – schedule attached
- ☐ **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- ☒ ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS *(Business or Agency Address Recommended - Public Document)* STREET	CITY	STATE	ZIP CODE
100 West First Street, Suite 650	Los Angeles	CA	90012

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(213) 486-4720	easucan@lapd.online

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/25/2021 02:16 PM
(month, day, year)

Signature Electronic Submission
(File the originally signed paper statement with your filing official.)